

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

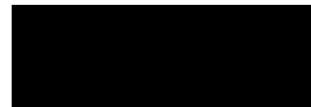
13085



3 - OUTPATIENT

000001

PATIENT NAME



DATE	WEIGHT	BLOOD PRESSURE	TEMP.		BS
JUL 15 1996	179	108/66			Chol
SYMPTOMS:	C10 pain in Rj lower arm & wrist Started last week.				Trig
					K+
					Hgb
					Bun
					Bill
					U. Acid
	Tried m.k.A				
	Shake, Teeth (P) wrist				
	Below Throat.				
	Grip 50-60%				
	Circ OK.				
	Temp: (P) wrist				
	Plan Acclung.				
	MDK DT unit.				
	1 Dmgno Supp				
	Vary most hat. C10				
	(S) 1 Dmgno 600 T1 day 18 days				
	Ple pr.				
					000003

Attachment 2

12/10-17/98

PJP

Dr
Dr

PATIENT NAME

DATE

WEIGHT

BLOOD PRESSURE

TEMP.

BS

1 4 1997

187

110/70

99.6%

Chol

SYMPTOMS:

Having problems c Kidneys, history
of burning BP arm has knot on wrist
hand getting numb, swelling, pain shooting up arm
c/b burning c numbness, freq, urgent
urine - strong odor

Trig

K+

Hgb

Bun

Bili

U. Acid

Meds: Ø

All: Ø

SPEC. GR. 1.000 PH Ø LEUKOCYTES Ø
NITRITE Ø PROTEIN IR GLUCOSE Ø
KETONES Ø UROBILI Ø BILI Ø
BLOOD Ø

Attachment 2

Ø H&E - urine
Ø P - clear

12/10-17/98

PJP

Neck - supple & adenopathy
Heart - ROM (S) lungs - clear
abd - soft, 217 BS (P) Urine - trace protein
Ext - Ø phalmar Ø uric, good ROM
pulse - 2+
A tenderness ? (apical tenderness) Urinary Pags
P wrist splint (R) plenty fluids
Amoxil 500 po TDS x 10 Hc soda
Vibran 100 mg po TDS x 5d
Instructed in use of med, left chair amb
Ø H&A accompanied. ROR - 2 weeks

000004

Dr. [REDACTED]

[REDACTED]

PATIENT NAME [REDACTED]

DATE	WEIGHT	BLOOD PRESSURE	TEMP.		BS
MAY 07 1998	175 1/2	120/8	99	3	Chol
SYMPTOMS:	No Neck Pain or Left Side & also Sore Throat				Trig
	for 2 to 3 days [REDACTED] [REDACTED]				K+
					Hgb
					Bun
	Meli [REDACTED] All [REDACTED]				Bili
					U. Acid
	① congested ② fever				
	③ H 327 - ancler				
	more - congested				
	OR - erythematous				
	Neck - supple & tender @ ant cervical				
	adrenals				
	Heart - RR 5 @ lungs - clear @				
	Ausc - soft M, BSP @				
	3+ w/w				
	① Malignant ② Granuloma				
	2 renal purpura				
	reflex SOB just TBMX 10				
	lymphatic 20 3/4 H 2.0				
	Buller 1. turn RR @ hyp				000005
	initiated in use of much PM [REDACTED]				
	sooner if no improvement [REDACTED]				

Attachment 2

12/10-17/98

PP

12/10-17/98

pyp

8/3/98

23595

SUBJECTIVE:

Ms. [REDACTED] is her for hospital follow up. She was an inpatient at [REDACTED] in [REDACTED]. She presented with a Potassium of 1.6. She was later diagnosed with probable rhabdomyolysis secondary to taking dietary supplement called "H.E.L.P.". We corrected her potassium and she seemed to recover well. She also had a small excoriated lesion on the right breast. Mammogram was negative for malignancy and wound culture grew out a staph species. She was sent home on Keflex and is currently on that as her only medication. Since going home from the hospital she's experienced a lesser degree of muscle soreness and weakness in lower extremities. Overall, she's feeling a lot better and seems to be doing well.

OBJECTIVE:

VS: WT 165. BP 138/76. R 16. PL 76.

GENERAL: Moderately overweight early middle aged white female in NAD.

HEENT: Normocephalic, atraumatic. PERRLA. Sclera are stained but anicteric. OC/OP clear.

NECK: Supple. No JVD.

CHEST: CTA.

CVS: RRR.

ABDOMEN: Obese very mildly tender diffusely. Her liver is somewhat generous and slightly tender. She has positive bowel sounds

EXTREME: No CCE.

ASSESSMENT:

1. Hyperkalemia resolved.
2. Rhabdo myolysis resolved.
3. Right breast lesion healing well.

PLAN:

1. We'll check her Chem 7, LFTs and ^{CK}~~CR~~ and kinase today to make sure these conditions are resolving. We'll have her finish her course of Keflex and have her f/u with Dr. [REDACTED]. I also scheduled US of her liver today to f/u on a cystic lesion that was found on CT of the abdomen. Once all her lab results from her hospitalization are in I will send her a letter and let her know the results of these. Otherwise, she can f/u with Dr. [REDACTED]

000006

Test Results

PAGE# [1]

Complete Report

Patient Name		08/03/1998	02:15pm	08/04/1998	08/04/1998
F		Date Drawn	Time Drawn	Date Received	Date of Report
Sex	D.O.B.	Age		Hospital/ID #	Account Number
Patient I.D./Soc. Sec. Number					Specimen Number
Ordering Physician		REQ#: [REDACTED]			
Patient Home#	Patient Work#	Comments			

Test Name	Results	Units	Reference Range	Site
A.M.A.'S BASIC METABOLIC				
GLUCOSE	97	MG/DL	65-110 (ADULT)	
SODIUM	140	MEQ/L	136-146 (ADULT)	
POTASSIUM	3.8	MEQ/L	3.5-5.2 (A&S)	
CHLORIDE	100	MEQ/L	95-106 (ADULT)	
CO2	23	MEQ/L	23-30 (ADULT)	
BUN	7	MG/DL	6-20 (ADULT)	
CREATININE	1.2	MG/DL	0.5-1.5 (ADULT)	
* BUN/CREATININE RATIO	5.8	RATIO	7.0- 18.0	

CPK (CREATINE KINASE)				
CPK	128	IU/L	15-200 (FEMALE)	

A.M.A.'S HEPATIC FUNCTION				
ALBUMIN	4.4	GM/DL	3.5- 5.0	
ALKALINE PHOSPHATASE	99	U/L	25-125(ADULT F)	
SGOT (AST)	28	U/L	0-40 (ADULT)	
SGPT (ALT)	28	U/L	0- 45	
TOTAL BILIRUBIN	0.3	MG/DL	0.1- 1.0	
DIRECT BILIRUBIN	0.2	MG/DL	0- 0.4	

*** END OF REPORT ***

ABNORMAL LAB

- _____ No Follow-up needed
- _____ Needs immediate action
- _____ Needs follow-up
- _____ Sign

000007

Attachment 3

12/10-17/98

Legend ↑ High ↓ Low * Abnormal C Corrected I Incomplete P Preliminary

SIGNED

PATIENT: [REDACTED] MED REC #: [REDACTED]
HOSPITAL SERVICE: [REDACTED] PATIENT #: [REDACTED] ROOM #:
AGE: 31Y DOB: [REDACTED] SEX: F
ADM DR: [REDACTED] ADM DATE: 08/05/1998 09:37AM
ORD DR: [REDACTED] PROC DATE: 08/05/1998 09:53AM
CLINICAL INFORMATION: EVAL CYSTIC LESION

MEDICAL IMAGING

EXAMINATION: (WDC) - US LIVER
LEFT/RIGHT INDICATOR:

ORDER NO. [REDACTED]
ACCESSION [REDACTED]

FULL RESULT: ULTRASOUND OF THE LIVER: 8/5/98

CLINICAL HISTORY: The patient is a 31-year-old female who had a CT scan performed at [REDACTED]. This CT revealed a low attenuation region in the liver which partially enhanced. A possibility of small hemangioma was suggested. Therefore, liver ultrasound was also recommended.

Ultrasound of the liver shows a normal size liver with a normal echotexture. There is a well rounded hyperechoic focus in the right lobe of the liver measuring 1.8 x 1.8 cm. This is very close to the liver capsule and shows posterior acoustic through-transmission. This gives ultrasound characteristics of a hemangioma within the liver parenchyma and corresponds well to the CT report from [REDACTED]

CONCLUSION: 1.8 x 1.8 cm hemangioma within the right lobe of the liver.

A follow-up ultrasound in six months is recommended to insure that this does not increase in size. This is especially true if the patient begins to have abdominal pain.

PHYSICIAN NAME BELOW INDICATES THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY:
[REDACTED] M.D.

READ BY: [REDACTED]
TRANSCRIPTIONIST INITIALS: [REDACTED]

DATE READ: 08/05/1998

DATE TRANSCRIBED: 08/05/1998 12:00PM

REF. #: [REDACTED]

THIS REPORT IS CONFIDENTIAL PATIENT INFORMATION

000008

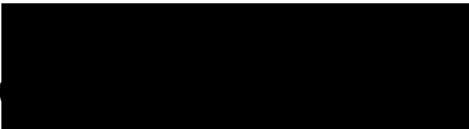
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MEDICAL IMAGING

Attachment 4

12/10-17/98

PJP



12/10-17/98

pyp

10/13/98

HCT 38.9 PLT 451 WBC 11.5

%GR 83 %L/M 17

Kt - 3.53

FINAL REPORT

PARTIAL REPORT

RECEIVED DATE
14-OCT-98REPORT DATE & TIME
14-OCT-98 04:34SEX AGE PATIENT ID
F 31 [REDACTED]DRAWN DATE & TIME
13-OCT-98 14:40

PROMENID HOSP NO

DOCTOR

COMMENTS

M/C Provider # [REDACTED]

TEST NAME

RESULTS

OUTSIDE
REFERENCE RANGEWITHIN
REFERENCE RANGEUNIT OF
MEASUREREFERENCE
RANGE

* IRON TOTAL	34		MCB/DL	50-150
* TIBC (TOTAL IBC)		301	MCB/DL	250-390
* UIBC (UNSATURATED IBC)		267	MCB/DL	130-375
* % TRANSFERRIN SATURATION	11		%	15-50

Fe ↓.

Fe 300-350
Chol.No phone
mailed

Attachment 2

12/10-17/98

PSP

000010